

No. 300-11500 DEC 1 1950

STANDARD CERTIFICATE OF DEATH

39403

State File No.

 Reg No. 85848
 BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076

Registrar's No. 2669

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks

c. LENGTH OF STAY (In this place) 152 Days

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Vet Adm Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

2099

d. STREET ADDRESS (If rural, give location) 2163A College Street 1

3. NAME OF DECEASED

a. (First)

Robert

b. (Middle)

C.

c. (Last)

James

4. DATE OF DEATH

(Month)

11

(Day)

3

(Year)

1950

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-26-93

9. AGE (In years last birthday)

57 yr

10. UNDER 1 YEAR

Months

11. UNDER 1 MIN.

Days

12. UNDER 1 HRS.

Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard

10b. KIND OF BUSINESS OR INDUSTRY

Unknown

11. BIRTHPLACE (State or foreign country)

Evansville, Indiana

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Robert James

13b. MOTHER'S MAIDEN NAME

Rena Mansell

14. NAME OF HUSBAND OR WIFE

Sarah James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW-1

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT'S SIGNATURE OR NAME

V.A. Hospital Records

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

BRONCHOGENIC CARCINOMA, RECURRENT

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

DIABETES MELLITUS

INTERVAL BETWEEN ONSET AND DEATH

1 YR.

162X

5 MO.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

VA

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4th, 1950, to Nov. 3rd, 1950, and that death occurred at 5:55A m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

L.E. Stibbe M.D.

23b. ADDRESS

Vet. Adm. Hosp. Jeff. Bks., Mo.

23c. DATE SIGNED

11-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Nov. 6, 1950

24c. PLACE OF BURIAL OR CREMATION

JEFF. BRKS. NATL. CEMETERY

24d. LOCATION (City, town, or county)

JEFFERSON BRKS., MO.

(State)

DATE REC'D BY LOCAL REG.

11-6-50

REGISTRAR'S SIGNATURE

H. Somke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

C. HOENIGSTER UNDTR. & LIVERY CO.,

ADDRESS

ST. LOUIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Harry L. Schumacher

Signed.....
Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address

7814 Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.